University Hospital North Durham

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Joint Information Gathering Group

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1. Background

The role of the **Joint Information Gathering Group (JIGG)** is to analyse, monitor, share and collate information from PALS/Patient Experience Teams, the Local Authority, the Care Quality Commission (CQC) and other publicly available data sources so that the LINk can contribute to ensuring that service providers meet the health and wellbeing needs of all citizens of County Durham in the most effective and efficient way.

JIGG core activities

- Reviewing key reports on the PALS, compliance & review regime which impact on health & social care services for the residents of County Durham and highlighting significant patterns & trends
- Sharing intelligence from and with the LINk Enter & View group
- Highlighting issues which require the attention of CQC
- Maintaining effective links and relationships with CQC Officers working in County Durham
- Offering regular feedback to CQC on providers & commissioners of health & social care services in the County and sharing our conclusions with all stakeholders
- Inviting key stakeholders to speak to the Group who can contribute to its work & understanding of the PALS, compliance & review regime as it affects local residents
- Reviewing referred reports from LINk members sitting on other agencies' working groups

2. University Hospital North Durham

We selected University Hospital North Durham (UHND) as the focus of our first intelligence gathering exercise based on anecdotal feedback from LINk members which indicated a number of issues and concerns about services being provided for them by UHND. We anticipate that the CQC will be able to make use of our report as part of its compliance and quality assurance regime in the County and with this in mind, we took account of the published CQC outcomes framework[1] as part of our deliberations.

[1] http://www.cqc.org.uk/publications.cfm?fde_id=14214

3. The Process

Our first task seemed a simple one: to gather whatever published data we could find on the performance of UHND. Our initial plan was to then compare this with the performance of another local hospital proving similar services-we selected Darlington Memorial Hospital (DMH) for this purpose.

Our starting points were a) County Durham & Darlington Foundation Trust (CDDFT) who run both hospitals and b) the CQCs own website which publishes the National Patients Survey.[2] Our first major obstacle was learning that CDDFT does not routinely publish data which relates to individual hospitals-they only appear to report what is described as '*Trust level'* data. The same applies to the CQC Patients Survey. This meant that we were unable to make comparisons ***between*** hospitals and that under or high-performing hospitals are difficult to identify from data which is aggregated across a Trust area. We were however, able to identify other sources of information on particular hospitals, including NHS Choices[3] and 'Dr Foster'[4] although the NHS Choices site only has 94 comments on UHND since 2007 and the majority of the information on the Dr Foster site is provided by Trusts, and does not appear to include any questions about feedback from **patients** about services. Following our enquiry about their data sources, Dr Foster confirmed that the information for their **hospital report cards** is "*sourced from a combination of Secondary Uses Services data (http://www.connectingforhealth.nhs.uk/systemsandservices/sus/background), our own independent Hospital Guide questionnaire which is sent to all NHS Trusts and the Care Quality Commission's annual Patient Survey*." Given the limitations of the Patient Surveys, this suggests that the Dr Foster site is over-reliant on the CQC Patient Surveys and Trust-provided data with little or no input from patients themselves.

Given the pressures of time and resources, the JIGG decided to focus on the data provided to us by CDDFT along with the National Patients Survey data from the CQC,even though the limitations of these data sources meant us having to read between the lines to extrapolate issues specific to UHND. A JIGG sub-group met to identify and summarise the key issues from these two sets of information then these were fed back to the full Working Group to agree priorities and next steps. A

[2] http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm
[3] http://www.nhs.uk/Services/hospitals/PatientFeedback/DefaultView.aspx?id=1808&nacs=RXPCP&pageno=1&sort=1&recordpp=0&tag=
[4] http://www.drfosterhealth.co.uk/hospital-guide/search/hospital/nhs/University-Hospital-of-North-Durham-447.aspx

final draft report was presented to a full JIGG meeting to which CDDFT were also invited and offered the opportunity to comment on the draft report and correct any errors of fact. Once signed off by the LINk management group, the report will be sent to CQC and circulated widely among key stakeholders.

4. Our Data Sources

Information from CDDFT

The JIGG was provided with two sets of data from CDDFT:

- Quarterly Complaints,Litigation,Incidents & Patient Advice & Liaison Service (CLIP) reports
- Their Patient & Public Involvement Summary Jan 2010-March 2011 (although the report says little about the methodologies used)

Information from the CQC Patients Survey for CDDFT

The Outpatient Survey garnered **455** responses from CDDFT patients and the Inpatient Survey **424** out of 850 sent out. Given the huge number of patients dealt with by the Trust, they could be forgiven for saying that the results provide too small a sample to be meaningful. This does raise the issue of sample size in the CQC Patient Survey although the use of confidence intervals does offer validity to the process. When asked about the sample size, the company carrying out the work on behalf of the CQC said *"A sample size of 850 is large enough to produce sufficient responses to detect differences between groups at a national level (i.e. Trust A versus Trust B). In the guidance it is suggested to trusts that they may wish to use the national survey as an opportunity to gather further data beyond that required by CQC, and that increasing the sample size is a good way to do this. If trusts wish to compare results for specific subgroups (such as patients treated at different sites) then it's recommended they increase the sample size to ensure they have a large enough sample of patients from each group.*

The CQC National NHS Staff Survey 2010 for CDDFT[5]

477 CDDFT staff responded (55% response rate-above average for acute trusts in England). This Survey highlights a number of major concerns including the Trust's overall score for **staff engagement** of 3.1 (out of 5) –**one of the lowest compared to Trusts of a similar type-** with particularly low scores from Trust staff recommending the Trust as a place to work or receive treatment. The

[5] http://www.cqc.org.uk/_db/_documents/NHS_staff_survey_2010_RXP_full.pdf

CDDFT Staff Survey also indicates a declining belief in their ability to contribute to improvements at work and in their motivation. The Trust scores **higher than the average** for staff experiencing **work-related stress** and **lower than average** for opportunities to **develop their potential** or maintain work**-life balance**. This is despite an improvement since 2010 (90% in 2011) in staff being appraised annually. The JIGG were concerned about the apparent mismatch between the high levels of staff being appraised and their reported levels of stress, poorly structured appraisals & low confidence in the Trust's commitment to work-life balance or opportunity to develop their potential.

NHS Choices

This website does at least allow comments on specific hospitals, and Trusts are sent feedback with the option, though no obligation, to respond. The Trust seems to have responded in the early days of the website but have added nothing recently. Patients can provide feedback via a limited menu of drop down boxes and some free text. As of **27 June 2011 only 51%** of respondents would recommend UHND to a friend. Although limited, there is enough feedback about UHND on the site to support some of our findings from other data sources including poor communication & staff attitude, poor food, dignity & privacy issues, long waiting times, safety, wound care and pain management.

Dr Foster Website

This website claims to offer a comprehensive 'consumer' guide to all private and NHS hospitals in the UK which began in 2001 when comparative adjusted death rates for all NHS hospital trusts were published. The site's Annual Report summarises its key findings along with a **report card** for every NHS Hospital using a number of key measures. They also select a variety of common procedures where patients can choose where they would like to be treated, and present some of their findings about the relevant unit in each hospital. The report card for UHND can be viewed at http://www.drfosterhealth.co.uk/quality-reports/trust.aspx?otype=2&id=738. Dr Foster seem to rely mainly on secondary sources of quantitative data plus a questionnaire which goes out to Trusts (but not patients).

5. The Positives

The JIGG acknowledges that CDDFT performs well in a number of areas, and has made great strides in others eg achieving a significant improvement in the management of bedsores as the result of a campaign to improve performance. The JIGG also highlighted the number and location of falls at Trust hospitals. Whilst the absolute number is not high, it was felt to be significant. We were therefore pleased to hear the Trust has a dedicated 'Falls Team' and is prioritising action on this issue which is very encouraging.

6. UHND –Our Findings On Issues & Areas For Improvement And Further Examination

6.1 From the National Outpatients Survey

Waiting times (Q7-9)
Patients not told how long they'd have to wait or why
On leaving (Q41,43,44)
Individual patients not told what side-effects from medication to look out for or any danger signs or who to contact if concerned

Communication

- UHND is the lowest quartile performer in England for staff not introducing themselves to patients (Q30)
- Also very poor performance on offering/giving patients copies of letters to GPs (Q 42) .The JIGG also thought the wording of this question on National Patients Survey was weak & open to interpretation-we should feed this back to CQC & the administrator of the Survey

6.2 From the National Inpatients Survey

- Poor choice of admission dates (Q 10)
- Poor performance on somewhere to store possessions-not necessarily valuables (Q24)
- Very poor on food quality (Q28)-we had hoped to compare feedback on food at DMH who prepare on the premises, unlike UHND. It is unclear whether CDDFT is one of the Trusts selected for inspection by the CQC as part of its **Dignity and nutrition for older people programme** but we recommend this is addressed once the final report is published by CQC

- Middling performance against Q38 about whether there were always nurses on duty.We recommend exploring why this might be with the Trust including what the ratio *should* be, whether this is due to sickness absence/type of sickness absence (stress?) or recruitment/retention problems
- Middling performance (Q64) on whether enough information about medication side-effects or possible danger signs given to patients-this is clearly an issue across both outpatient and in-patient services in the Trust
- Poor performance on offering/giving patients copies of letters to GPs (Q70) – similar issue with outpatients
- CDDFT is the **poorest performer** (of a very poor national performance overall across England) for patients not being asked their views about quality of care (Q75)

> ***We need to address how people with disabilities are treated as individuals, rather than just being told by staff that they've had training so don't need to listen to individual needs.*** **LINk Member**

6.3 CDDFT PPI Summary March 2011

- Instances of patients not being treated with dignity & respect and poor staff attitude; attitude of some nursing staff; privacy issues; communication issues (p.9,10,19,21,22,49,13,15)
- Issues about privacy in A & E and being kept waiting on trolleys (p.16,19)
- Concerns about safe places to keep personal belongings (not necessarily valuables) (p.18). Also raised by Patient Survey.
- Instances of staff (nurses) talking as if patients not there; patients not listened to (p.18,21,49)
- We are unclear about how near-misses and so-called 'incidents' are being recorded, managed & reviewed (p.19) and *how* the incidence of falls is being actively tackled
- Concerns about inadequate discharge planning at UHND (p.51) and patients offered no choices about this; feedback from LINk members suggests that co-ordination with other agencies & services (social care, ambulance, pharmacy) may also be weak
- Major concerns about differing performance by hospitals serving County Durham providing stroke services (p.41) which include consultant not present, variable access to SALT (speech & language therapy),inconsistent advice & information and intervention not pro-active

- It is unclear how the actions highlighted in the PPI Summary will be reviewed and followed up by the Trust and whether progress on improved performance will be made available to CQC and the LINk

7. General Feedback to CQC

- CDDFT should be asked to provide disaggregated data for individual hospitals to the CQC and others on request
- If performance data *is* only being collected at Trust level, then this should be changed
- The CQC need to revisit the validity and methodology of their National Patient Surveys given the low numbers participating & consideration given to the consequent weighting afforded to these Surveys by stakeholders. Q42 should be revised & consideration given to easing understanding of these reports by lay people who may also not always have a colour printer
- For any visit to UHND, the CQC need to focus on particular performance against Outcomes 4,13,16 & 21
- Consideration should be given to why the Trust scores **higher than the average** for staff experiencing **work-related stress** and **lower than average** for opportunities to **develop their potential** or maintain **work-life balance** set against an apparent improvement since 2010 with 90% of staff being appraised annually. The JIGG wonder whether there is a connection between these results and some of the concerns highlighted in other data sources about staff attitude.

8. Specific Recommendations For Action

Who	What To Look At
CQC	Focus particularly on performance against: ○ **Outcome 4** -care and welfare of people who use services including food quality ○ **Outcome 13** -staffing ○ **Outcome 16** -assessing and monitoring the quality of service provision ○ **Outcome 21**-records: particularly observed near misses (see KF20 on Staff Survey) which are running at over 25%
CQC & E & V	**Outpatient Services** ○ Whether patients are told how long they'd have to wait or why ○ Whether individual patients are told what side-effects from medication to look out for or any danger signs or who to contact if concerned ○ Why CDDFT is the lowest performer in England for staff not introducing themselves to patients & how this is being improved & monitored ○ Why there is such poor performance on offering/giving patients copies of letters to GPs
CQC E & V JIGG CQC CQC	**Inpatient Services** ○ Why patients have such a poor choice of admission dates ○ Why the Trust performs poorly on somewhere for patients to store possessions (not necessarily valuables) ○ **Why is quality of food rated to badly?** Needs linked to outcome of CQC report on Dignity and Nutrition for older people ○ Why it appears there were not always nurses on duty and the reasons for this informed by Trust staff performance/recruitment data ○ Why performance is only middling for providing information to patients about medication side-effects or possible danger signs given to patients. **This is an issue for both inpatient & outpatient services. Does it suggest a cultural or attitudinal problem to providing information & communicating with patients?** ○ **As above, poor performance on offering/giving patients copies of letters to GPs in both inpatient & outpatient service. Is this a problem of culture & attitude?** ○ Why the Trust is the poorest performer (of a very poor overall national

	performance) for patients not being asked their views about quality of care? Is this linked to attitudes towards patients?
CQC CQC CQC CQC & JIGG CQC LINk Stroke Working Group	**Staff attitude & communication** ○ Why do a significant proportion of patients feel they are not being treated with dignity & respect? ○ Why do some patients report concerns about the attitudes and behaviours of some staff towards them? ○ Why is communication with patients poor -ranging from staff not introducing themselves,not providing information about treatment or medication through to not asking patients about the quality of their care? **Safety** ○ What action is being taken to offer safe places to keep personal belongings (not necessarily valuables).This is raised by the Patient Survey as well ○ What action is being taken to address incidence of falls? ○ Are there any safety issues in relation to mixed-sex wards? The NHS Choices website reports a very alarming incident from a female patient on a ward at UHND ○ Records (also a safety issue) ○ How are near-misses are being recorded and handled when they are running at a reported 25%? **Discharge Planning** ○ What improvements are being made to discharge planning at UHND & the lack of choice being offered? Has UHND sought feedback from other agencies eg social care, ambulance, pharmacy? The JIGG would like to see a copy of the Trusts discharge policy **Stroke services** ○ Major concerns about differing performance by hospitals providing for stroke services to the County including consultant not present, variable access to SALT (speech & language therapy),inconsistent advice & information and intervention not pro-active
CQC & LINK Enter & View	Issues about privacy in A & E and being kept waiting on trolleys E & V to consider NHS Choices feedback about A & E at UHND http://www.nhs.uk/Services/hospitals/Services/Service/DefaultView.aspx?id=96792 E & V to look at issue of mixed-sex wards against national good practice

	standards
JIGG	**Monitoring action planning & improved performance by CDDFT on issues highlighted in this report** ○ Review performance against 2011 Patient Surveys (**available Feb 2012**) ○ Review PPI & CLIP reports from CDDFT against our findings and seek feedback on action plans implemented by CDDFT ○ Request data on individual hospital performance ○ Trust consider adding questions to future Patient Surveys
JIGG	Review secondary data sources used by Dr Foster & supporting evidence from NHS Choices
JIGG	More information about UHND Falls Team & action to reduce falls across the Trust
JIGG	Seek more information about the status of Ward Surveys at UHND and what is done with the data they provide & what feedback offered. (We understand feedback via the Trust 'Menu Card' is no longer in operation.)

7. Conclusion

The JIGG met with CDDFT to discuss its initial findings and we are hopeful of progress on a number of fronts and that this will be the beginning of a fruitful partnership which improves health services for all in County Durham. We have established that we can in future be provided with hospital or even ward level data on request which will make future reports such as this much easier. We have forwarded our findings to the Care Quality Commission and will circulate this report widely amongst our stakeholders. If you have any feedback or comments please contact the JIGG via the LINk host organisation at host@pcp.uk.net or on 01325 327431

Liz Greer
16 September July 2011 on behalf of County Durham LINk and the Joint Information Gathering Group